

ENHANCED DEFENSE LLC.

TRAINING APPLICATION

***Current Law Enforcement is not required to fill out an application.

COURSE: _____

COURSE DATES: _____

NAME: _____ (FOR CERTIFICATE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

PHONE: (HOME or CELL) _____

E-MAIL: _____

PROFESSION: _____ M ___ F ___ DOB: _____

R OR L HANDED: _____ PRIMARY: _____

BACK-UP: _____

NEED WEAPON: Yes No

PLEASE CHECK ONE AND

PROVIDE INFORMATION REQUESTED:

_____ I have enclosed a copy of:

my driver's license

copy of my CCW permit

If no CCW, a statement of no criminal history from a law enforcement agency.

BY SIGNING THIS APPLICATION, I UNDERSTAND AND AGREE TO THE

FOLLOWING:

Please initial:

_____ That the information/credentials provided above meet the requirements outlined by Enhanced Defense and that I may be required to positively identify myself as the same person at time of course attendance.

ENHANCED DEFENSE LLC.

TRAINING APPLICATION

_____ That I agree to abide by all safety procedures required by Enhanced Defense.

_____ That Enhanced Defense's business depends on the safe control of deadly weapons by each student and if my conduct is not deemed safe by an instructor, my instruction may be terminated at any time without a refund of any monies.

_____ That I will be 18 years of age at the time of the class or accompanied by a parent or guardian.

_____ That I will sign a release of liability when reporting for the course.

_____ CANCELLATION POLICY: I understand that if the class is cancelled, my full deposit will be refunded or the deposit can be applied to another class. If I cancel more than 30 days prior to the class, my deposit will be fully refunded. Cancellation within 30 days of the class, Enhanced Defense will determine if the refund is appropriate.

Finally, I affirm that I can legally own, use and possess a firearm in the United States of America.

Signature: _____ Date: _____

Please print, complete, scan, and e-mail this form to:

Bryan Wilkinson

www.enhanced.defense@gmail.com